

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

I, **MOSE ROSS**, hereby appoint:

Name: **VARNER ROSS (wife) OR BOBBIE GRAHAM (daughter)**

Home Address: **9490 McLemore #17 Walls, Mississippi 38680**

Home Telephone Number: **(662)-781-3171**

As my attorney in fact to make health care decisions for me in the event I become unable to give informed consent with respect to a given health care decision.

Subject to my special instructions below, this document gives my attorney in fact the full power to make health care decisions for me, before or after my death, to the same extent I could make decisions for myself and to the full extent permitted by law, including power to grant, refuse or withdraw consent on my behalf for any health care service, to make a disposition under the state's anatomical gift act, to authorize an autopsy, and to direct the disposition of remains. My attorney in fact also has the authority to talk to health care personnel, get information and sign forms necessary to carry out these decisions, and also the power provided in Sections 41-41-101 through 41-41-121, Mississippi Code of 1972, as now enacted or hereafter amended, being the statutes governing the withdrawal of life-saving mechanisms.

Special instructions: _____

If the person named as my attorney in fact is not available or is unable to act as my attorney in fact, I appoint the following person to serve in his or her place:

Name: **ERIC BERNARD GRAHAM**

Home Address: **9490 MCLEMORE #17 WALLS, MISSISSIPPI 38680**

Home Telephone Number: **(662)-781-1066**

STATE MS.-DESOTO CO.
FILED

JUL 21 12 55 PM '04

BK 103 PG 793
W. E. DAVIS CH. CLK.

By my signature I do hereby indicate that I understand the purpose and effect of this document.

Signed: Mose Ross

Dated: 7-20-04

This power of attorney will not be valid for making health care decisions unless it is either (a) signed by two (2) qualified adult witnesses who are personally known to you and who are present when you sign or acknowledge your signature or (b) acknowledged before a notary public in the state

Witness Declarations and Signature

BK 103 PG 794

I declare under penalty of perjury under the laws of Mississippi that the principal is personally known to me, that the principal signed or acknowledged this durable power of attorney in my presence, that the principal appears to be of sound mind and under no duress, fraud or undue influence, that I am not the person appointed as attorney in fact by this document, and that I am not a health care provider, nor an employee of a health care provider or facility I am not related to the principal by blood, marriage or adoption, and to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

Hennietta Wilkins
(Witness Signature)

Print Name: Hennietta Wilkins
Address: 9444 McLeMORE CV Walk MS 38680
Phone: 662-781-1066
DL# 418239886

I declare under penalty of perjury under the laws of Mississippi that the principal is personally known to me, that the principal signed or acknowledged this durable power of attorney in my presence, that the principal appears to be of sound mind and under no duress, fraud or undue influence, that I am not the person appointed as attorney in fact by this document, and that I am not a health care provider, nor an employee of a health care provider or facility.

Mary Matthews
(Witness Signature)

Print Name: Mary Matthews
Address: 9490 McLeMORE #16 Wallis, MS 38680
Phone: 662-781-0605

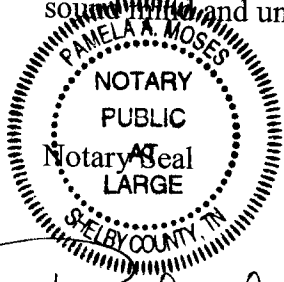
DL# 425827918

Prepared by: Bobbie Glasper
3783 Dante Avenue
Memphis, Tennessee 38128
901-216-2066

Notary
(optional instead of Witnesses)

State of Mississippi)
County of Shelby)

On this 20th, day of July, in the year 2004, before me,
Pamela A. Moses, (insert name of notary public)
appeared Henrietta Wilkins & Mary Matthews, personally known to me
(or proved to me on the basis of satisfactory evidence) to be the person whose name is
subscribed to this instrument, and acknowledged that he or she executed it. I declare under the
penalty of perjury that the person whose name is subscribed to this instrument appears to be of
sound mind and under no duress, fraud or undue influence.



MY COMMISSION EXPIRES:
April 29, 2008

Pamela A. Moses
(Signature of Notary Public)